



# The Role of Spiritual Mindfulness Therapy in Increasing Self-Confidence Among Adolescent

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## Abstract:

This study aimed to determine the influence of spiritual Mindfulness on increasing adolescent self-confidence. Evaluating the benefits of spiritual therapies such as mindfulness for the mental health of adolescents is highly needed. Adolescence is difficult to adjust to and is especially susceptible to declining self-confidence. Low self-confidence causes most adolescent crises in the current school system. Spiritual Mindfulness is an easy-to-use strategy that can help adolescents become aware of their problems without passing judgment, which reduces costs and saves time. The study design was a pre-experiment with a pre and post-test with the control group. In purposive sampling, the intervention and control students chose twenty-six respondents from senior high school students in Kudus. The research instrument used in this study was the Student Self-Confidence Questionnaire. The researcher conducted six 30-minute sessions of spiritual mindfulness therapy over two days. Research results showed the difference in self-confidence scores before and after the intervention in the intervention group was found statistically significant with a p-value of 0.013 ( $p < 0.05$ ) and in the control group with a p-value of 0.000 ( $p < 0.05$ ). The effect of spiritual mindfulness therapy on self-confidence was not statistically significant, with a p-value of 0.110 ( $p > 0.05$ ). So, it can be concluded that Spiritual mindfulness therapy has no significant influence on self-confidence. The way spiritual mindfulness therapy is given to teenagers needs to be altered to see more noticeable improvements in self-confidence.

**Keywords:** Adolescent, Self-Confidence, Spiritual Mindfulness

## 1. INTRODUCTION

Adolescence is a crucial time for identity development and catalyzes the onset of emotional illnesses. Adolescence is a time of fast physical change, along with the rise of additional risk factors like peer pressure, stress from school, and sexual experimentation that raise the possibility of mental health issues (Campbell et al., 2021). Adolescents who use social media more frequently are also more likely to experience mental health issues (Valkenburg et al., 2021). Based on earlier studies, it was discovered that there may be detrimental effects from using social media and smartphones, leading to growing worries about the mental health of adolescents, particularly about depression brought on by low self-confidence, self-acceptance, anxiety, and

even suicide, particularly in adolescent girls (Odgers & Jensen, 2020).

According to WHO 2017 estimate, 10–20% of children and adolescents globally suffer from mental health issues. By the age of 14, an estimated 50% of mental problems occur, and by the age of 18, 75%. According to the 2017 report from the Royal Society for Public Health and Young Health Movement, there has been a 70% surge in the occurrence of anxiety and depression among adolescents over the past 25 years. Adolescent development is adversely affected by mental health issues, which can lead to reduced educational attainment, school dropout, strained social interactions, and a higher risk of substance addiction, mental health issues, and suicide (Keles et al., 2020). Adolescence is a challenging time for adjustment and is particularly vulnerable to a drop in self-confidence. As they leave childhood behind and the breadth of life expands, adolescents encounter a variety of unknown scenarios. Adolescents must deal with various growing obstacles and feelings of uncertainty (Pigeon et al., 2020). The familial environment is one of the determining variables of mental health disorders in teenagers, including anxiety, low self-acceptance, and low self-confidence. People have two opposing tendencies in early adolescence: attachment to parents and independence (Wang et al., 2020).

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The educational environment also impacts how teenagers develop their mental health and self-confidence. Routines at school are a crucial coping strategy, particularly for young people with mental health issues (Kılınçel et al., 2021). People are naturally confident, but as people age, worry, nervousness, dread, and a sense of social alienation can cause adolescents to lose their confidence. Low self-confidence is the root cause of most crises in the current educational system, as it leads to fewer students participating and making inadequate development even after spending much time in class. (Akbari & Sahibzada, 2020).

Adolescent students' academic performance and clinical practice may be impacted by long-term poor self-confidence and other mental health conditions. (Dwidiyanti, Munif, et al., 2021). Self-confidence is necessary for adolescents to take chances and participate in learning activities. Teenage students with self-confidence typically set objectives for themselves, work hard to accomplish those goals and do not care about the results (Akbari & Sahibzada, 2020). Prior studies have indicated that the objectives of adolescents are connected to the educational setting and the capacity of the educational system to assist them. More self-expression, self-acceptance, self-confidence, and self-esteem are among the personal aspirations of adolescents (Harpazi et al., 2020).

Individual fulfilment, self-confidence, and happiness can all be increased by initiatives to help adolescents become more accepting of themselves (Cheng, 2020). Self-confidence effectively motivates people and can lead to changes in human behaviour (Akbari & Sahibzada, 2020). A thorough understanding of the causes of teenage mental health issues, including age-related psychosocial processes that moderate their link to the development of self-acceptance and self-esteem, is necessary to enable effective therapies (Zhou et al., 2020). Spiritual Mindfulness is an intervention that is simple to use and, provided the patient has received help from a nurse, may be carried out alone, making it more cost- and time-effective. Someone practising spiritual Mindfulness might become aware of their issues and embrace them openly and without judgment. People can be more objective in their decisions and more focused in their problem-solving when they are patient with the conditions that people are facing at that particular time (Rahmawati et al., 2021).

Research has shown that Mindfulness significantly reduces adolescent anxiety (Newland & Bettencourt, 2020). A literature review by Septiana and Muhid (2022) indicates that Mindfulness can improve an individual's psychological well-being, especially in

self-acceptance. Spiritual Mindfulness can stimulate changes in brain structures, especially the anterior cingulate cortex, insula, hippocampus, temporoparietal intersection, and frontal limbic networks that are associated with increased self-efficacy and self-regulation needed to regulate and control selection, feelings, and behaviour (Dwidiyanti, Rahmawati, et al., 2021). Another study has shown that there is a significant influence of commitment to accepting Mindfulness on resilience, self-confidence, and emotional regulation (Oguntuase & Sun, 2022a).

Treatment choices for teenagers with mental health issues are extremely limited for a variety of reasons, according to an earlier study. Most evidence-based treatments already in use are costly, time-consuming, and need the expertise of trained professionals (Osborn et al., 2020). Spiritual Mindfulness is an intervention that is simple to use and, provided the patient has received help from a nurse, may be carried out alone, making it more cost- and time-effective (Rahmawati et al., 2021). Prior studies only measure the effect of spiritual Mindfulness on depression, spirituality, and self-concept among adolescents (Dwidiyanti, Munif, et al., 2021; Nisa et al., 2021). No previous research has measured the effectiveness of spiritual Mindfulness in increasing adolescent self-confidence.

The incidence of mental health problems in adolescents continues to increase every year, along with the increasing use of social media. The most common mental health problem in adolescents is low self-confidence. Low self-confidence is the root cause of most crises in the current educational system in adolescents, as it leads to fewer students participating and making inadequate development even after spending much time in class. Treatment choices for teenagers with mental health issues are extremely limited for a variety of reasons, according to an earlier study. Most evidence-based treatments already in use are costly, time-consuming, and need the expertise of trained professionals. Spiritual Mindfulness is an intervention that is simple to use and, provided the patient has received help from a nurse, may be carried out alone, making it more cost- and time-effective. This study aimed to determine the influence of spiritual Mindfulness on increasing adolescent self-confidence.

## 2. MATERIAL AND METHOD

The research design used a pre-experiment with a pre and post-test with the control group. The independent variable is spiritual mindfulness therapy, and the dependent variable is adolescent self-confidence. The

study population was all senior High School A In Kudus Regency students. The sample calculation procedure for the hypothesis test of two paired populations was used to estimate the sample size for this investigation. The computation yielded a final sample size of at least 26 participants for each intervention and control group (Sahir, 2022). Purposive sampling was used in the sampling process, and the inclusion criteria included being enrolled in school full-time, between the ages of 13 and 18, free from other psychological treatments, and able to read, write, and communicate in Indonesian.

Student Self-confidence questionnaire assesses adolescent self-confidence as a student, consisting of 44 question items with answer choices strongly disagree, disagree, agree, and strongly agree. Validity value 0.330-0.572 and reliability value 0. 788 (Febriyandari et al., 2022). Researchers conducted back translation (translated into Indonesian, then translated back into English) and content validity by experts or mental health nursing experts on the English-language questionnaire. The researcher provided research information to potential respondents before the study. After the information was given, respondents filled out the consent form. The researcher provided intervention in the form of spiritual mindfulness therapy to the intervention group for six sessions in 2 days for 30 minutes per session. The researcher compiled a spiritual mindfulness therapy guidebook as a supporting medium for the intervention. The stages of the intervention are as follows (Dwidiyanti, Munif, et al., 2021):

1. Session 1: A moment of awareness to change with istighfar
2. Session 2: Remembering health or sins that have been committed
3. Session 3: Feeling physical and qolbiah responses (body scan)
4. Session 4: Performing repentance with istighfar and praying
5. Session 5: Performing relaxation
6. Session 6: Performing termination (evaluation and positive reinforcement)

The control group received standard intervention from the school and a spiritual mindfulness therapy guidebook. Researchers assessed adolescents' self-confidence in the intervention and control groups before (pretest) and after (post-test) the provision of spiritual mindfulness therapy. Data analysis used univariate and bivariate analysis. Univariate analysis is presented in frequency and proportion on the variables of gender, child, and parental occupation. Data is presented in the form of mean and standard deviation on the variables of age and self-confidence. A normality test was conducted using the Kolmogorov-Smirnov test because the number of respondents was 52 students for both groups ( $> 50$  respondents). The normality test results showed that the variables self-confidence ( $p = 0.200$ ) were normally distributed because the  $p$  value  $> 0.05$ . The homogeneity test was conducted on the adolescent characteristics variable using the Lavene test with a  $p$ -value  $> 0.05$ . The data analysis uses the mean difference test self-confidence in the two groups before and after the intervention, namely the paired t-test because the data is normally distributed. Whether or not spiritual mindfulness therapy affects self-confidence is seen from the results of the independent t-test because the data is normally distributed. The limitations of the methodology used in this study are that randomization and blinding have not been carried out in selecting samples in both the intervention group and the control group.

### 3. RESULT AND DISCUSSION

Table 1 shows that the average age of students in the intervention group was 16.58 years with SD 0.902 and 17.5 years with SD 0.648 in the control group. Most of the students in the intervention group were female, namely 18 students (69.2%) and 14 students (53.8%) in the control group. Half of the students were the first children in the intervention group, namely 12 students (46.2%) and 15 (57.7%) in the control group. Half of the parents' occupations in the intervention group were labourers, 11 students (42.3%), and self-employed in the control group, namely nine students (34.6%) in the control group.

**Table 1.** Characteristics of students based on age, gender, child, and parents' occupation (n=52)

Characteristic	Intervention		Control		Intervention		Control	
	f	%	f	%	Mean	SD	Mean	SD
<b>Age</b>					16,58	0,902	17,5	0,648
<b>Gender</b>								
Male	8	30,8	12	46,2	-	-	-	-
Female	18	69,2	14	53,8	-	-	-	-
<b>Birth Order</b>								
1	12	46,2	15	57,7	-	-	-	-

2	9	34,6	6	23,1	-	-	-	-
3	0	0	3	11,5	-	-	-	-
4	2	7,7	2	7,7	-	-	-	-
5	1	3,8	0	0	-	-	-	-
6	1	3,8	0	0	-	-	-	-
9	1	3,8	0	0	-	-	-	-
<b>Parent's occupation</b>								
Not working	1	3,8	3	11,5	-	-	-	-
Private employee	4	15,4	5	19,2	-	-	-	-
Self-employed	7	26,9	9	34,6	-	-	-	-
Trader	2	7,7	2	7,7	-	-	-	-
Labourer	11	42,3	4	15,4	-	-	-	-
Teacher/lecturer	0	0	1	4,8	-	-	-	-
Other	1	3,8	2	7,7	-	-	-	-
<b>Total</b>	<b>26</b>	<b>100</b>	<b>26</b>	<b>100</b>	<b>-</b>	<b>-</b>	<b>-</b>	<b>-</b>

Table 2 shows that the mean self-confidence before the intervention was 111.27, with SD 7.406 in the intervention group and 117.42, with SD 11.860 in the control group. The mean self-confidence after the intervention was 120.88, with SD 13.447 in the

intervention group and 120.08, with SD 8.777 in the control group.

**Table 2.** Description of students' self-confidence in the intervention and control groups before and after the intervention (n=52)

Self Confidence	Intervention			Control		
	Mean	SD	95% CI	Mean	SD	95% CI
Pretest	111,27	7,406	108,28-114,26	117,42	11,860	112,63-122,21
Post Test	120,88	13,447	115,45-126,32	120,08	8,777	116,53-123,62

Table 3 shows that there is a statistically significant difference in self-confidence scores before and after the intervention, both in the intervention group with a

p-value of 0.013 ( $p < 0.05$ ) and in the control group with a p-value of 0.000 ( $p < 0.05$ ).

**Table 3.** Differences in student self-confidence before and after intervention in the intervention and control groups

Self Confidence	Mean	SD	MD	P value
<b>Intervention</b>				
Pretest	111,27	7,406	9,61	0,013
Post-test	120,88	13,447		
<b>Control</b>				
Pretest	117,42	11,860	2,66	0,000
Post-test	120,08	8,777		

Table 4 shows no significant influence of spiritual mindfulness therapy on self-confidence, with a p-value of 0.110 ( $p>0.05$ ).

**Table 4.** The effect of spiritual mindfulness therapy on students' self-confidence

Variable	Mean	SD	Nilai p
Self Confidence			
Intervention	120,88	13,447	0,110
Control	120,08	8,777	
Difference	0,80		

Adolescence is a critical period involving transitions in all major domains of life (Goyal et al., 2023). Based on the results of the study, the average age of students in the intervention group was 16 years, and 17 years in the control group; in the gender variable, which can be seen in Table 1, most of the students in the intervention group were female, namely 18 students (69.2%) and 14 students (53.8%) in the control group. Previous research shows that mindfulness intervention participants were dominated by female gender at 62%. Women tend to be more involved in mindfulness interventions than men. This is partly driven by the fact that women have slightly greater confidence in the credibility of the intervention than boys; girls not only agree to participate in the program but also put in more effort to engage with it after they are registered (Bluth et al., 2017).

The majority of students were first children in both the intervention and control groups, with the majority of parents' occupations in the intervention group being labourers, as many as 11 students (42.3%) and self-employed in the control group, as many as nine students (34.6%). This study is similar to previous studies, which stated that most of the parents' occupations were manual labourers in the intervention and control groups, and the results of the study indicated that there was an influence of parents' occupations on the mental status of adolescents, especially anxiety and depression (Rakhshani et al., 2022). Other studies also suggest that adolescents face a variety of potential risk factors that can impact their psychological well-being (Goyal et al., 2023).

Based on the analysis in Table 3, there was a significant difference in the intervention and control groups. In the intervention group, there was an increase in adolescent self-confidence with an initial average of 111.27, then increasing to 120.88 after being given spiritual mindfulness intervention. In the control group, the initial average was 117.42 to 120.88. The results of this study are supported by previous studies, which show that commitment to accepting Mindfulness can significantly increase self-confidence and emotional regulation. Further findings show a significant difference between the pretest and post-test scores of the intervention group and the control group (Oguntuase & Sun, 2022b). Research has shown that Mindfulness and coaching can benefit adolescents in education. Specifically, Mindfulness can improve cognitive and metacognitive performance, foster emotional regulation and self-awareness, and enhance attention regulation, and coaching, as defined in the following section, can enhance motivational aspects and goal-oriented self-regulation skills that foster academic goal achievement (Corti & Gelati, 2020).

Although there was a significant difference in self-confidence scores in the pretest and post-test data both in the intervention group and control group, the increase in confidence scores was found to be greater in the intervention group after being given spiritual mindfulness therapy when compared to the control group with a difference of 0.80. Based on the analysis results in Table 4, it was found that spiritual Mindfulness was considered less significant in increasing self-acceptance in adolescents ( $p = 0.110$ ). Although there was still an increase in the data before and after the intervention, it is possible that mindfulness training, like other psychological interventions, does not always have the same benefits for everyone. For some people, the effectiveness of Mindfulness can decrease. Several studies that support this statement show that for some groups of people, Mindfulness can also trigger disturbing experiences in oneself, such as alienation, especially in groups of people who are psychologically vulnerable (Kaufmann et al., 2021).

Adolescents are a vulnerable group with unstable emotional regulation. Adolescence is a difficult adjustment phase and is very sensitive to falling self-confidence. Adolescents face various unknown situations as the scope of life expands when leaving childhood. The challenges of growth are very complex, and adolescents must face feelings of uncertainty (Pigeon et al., 2020). Schools are an optimal setting for identifying, managing, and sustaining progress for youth with mental health issues. With this research, there is growing evidence that integrating mental health supports and services directly into the school setting is an effective delivery system for youth mental health programs. Providing mental health services in schools has significant benefits, including increasing access to care for more youth. The limitations of this study are that randomization and blinding have not been carried out in selecting samples in both the intervention and control groups. Further research is expected to measure the effectiveness of Mindfulness with a larger sample size and randomization and explore other therapies that can increase adolescent self-confidence.

#### 4. CONCLUSION

There is a significant difference in self-confidence scores before and after the intervention, both in the intervention group. Nevertheless, spiritual mindfulness therapy has no significant influence on self-confidence. It is necessary to alter how spiritual mindfulness therapy is given to teenagers to see more noticeable improvements in self-confidence.

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